

## 105 Rehabilitative Services - DHR, DYS, DMH, DCA

Rehabilitative services are specialized medical services delivered by uniquely qualified practitioners designed to treat or rehabilitate persons with mental illness, substance abuse, or co-occurring mental illness and substance abuse diagnoses. These services are provided to recipients on the basis of medical necessity.

Direct services may be provided in the client's home, a supervised living situation, or organized community settings, such as community mental health centers, public health clinics, nursing homes, etc. Direct services can be provided in any setting, except in licensed hospital beds, that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

The policy provisions for rehabilitative services providers can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 47.

### 105.1 Enrollment

EDS enrolls rehabilitative services providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the State of Alabama, the Code of Federal Regulations, and the *Alabama Medicaid Agency Administrative Code*.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

#### Provider Number, Type, and Specialty

A provider who contracts with Medicaid as a rehabilitative services provider is issued a nine-digit Alabama Medicaid provider number that enables the provider to submit claims and receive reimbursements for rehabilitation-related claims.

#### **NOTE:**

All nine digits are required when filing a claim.

Rehabilitative services providers are assigned a provider type of 89 (State Rehabilitative Services). The valid specialties for State Rehabilitative Services are:

- Rehabilitative Services - DMH (M2)
- Rehabilitative Services – DHR, DYS, DCA (M8)
- Psychiatry (Psychiatrist only) (26)

### **Enrollment Policy for Rehabilitative Services Providers**

To participate in the Alabama Medicaid Program, rehabilitative services providers must meet the following requirements. Service providers must demonstrate that they meet the criteria in either (1) OR (2) and both (3) AND (4) below.

1. A provider must be certified by DMH/MR and must have demonstrated the capacity to provide the following services either directly or through contract with a provider certified by DMH/MR:
  - Outpatient services that include the following components:
    - A variety of service types such as individual, family, group, medication administration, medication monitoring, and physician services that are available without regard to the age or the severity of the disorder of the client
    - Screening assistance to the courts as evidenced by a written agreement between the provider and the probate court specifying screening procedures for petitions referred by the court
    - Evaluation for admission to state psychiatric facilities as evidenced by written agreements between the provider and the appropriate state hospital specifying procedures for evaluating and coordinating admissions and discharges to state hospitals
    - Emergency rehabilitative services available to the general public that are well publicized within the provider's service area and include 24-hour a day telephone and face-to-face response capability
  - Consultation and education services designed to inform the general public about the nature of rehabilitative services problems and the location of services, to provide consultation to public agencies and private practitioners regarding the treatment of individuals as well as general program consultation, and to provide in-service training to other community resources as requested
  - Residential services including coordination with the Non-Institutional Care and Services (N-ICS) offices of the appropriate state hospital relative to discharge planning and service provision for persons discharged from state hospitals
  - Inpatient services through referral to community hospitals and through the attending physician for community hospitalizations
  - Case management services as defined in Chapter 106 of the *Alabama Medicaid Provider Manual*
  - Mental illness intensive day treatment services
  - Mental illness rehabilitative day services
  - Substance abuse services including intensive outpatient services and residential services
2. The Department of Human Resources (DHR), the Department of Youth Services (DYS), and the Department of Children's Services (DCA) are eligible to be rehabilitative services providers for children under age 21 if they have demonstrated the capacity to provide an array of medically necessary services, either directly or through contract.

Additionally, DHR may provide these services to adults in protective service status. At a minimum, this array includes the following:

- Individual, group, and family counseling
  - Crisis intervention services
  - Consultation and education services
  - Case management services
  - Assessment and evaluation
3. A provider must demonstrate the capacity to provide services off-site in a manner that assures the client's right to privacy and confidentiality and must demonstrate reasonable access to services as evidenced by service location(s), hours of operation, and coordination of services with other community resources.
  4. A provider must ensure that Medicaid recipients receive quality services in a coordinated manner and have reasonable access to an adequate array of services delivered in a flexible manner to best meet their needs. Medicaid does not cover all services listed above, but the provider must have demonstrated the capacity to provide these services.

#### **105.1.1 Minimum Qualifications for Rehabilitative Services Mental Illness Professional Staff**

Rehabilitative Services Mental Illness Professional Staff qualifications are as follows:

- A physician licensed under Alabama law to practice medicine or osteopathy
- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A certified social worker licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of post graduate clinical experience as described in DMH/MR standards
- Services rendered to persons with a primary psychiatric diagnosis must be delivered by a person meeting the criteria listed above unless an exception is specifically noted and defined in the service descriptions
- A pharmacist licensed under Alabama law may provide medication monitoring

### **105.1.2      *Minimum Qualifications for Rehabilitative Services Substance Abuse Professional Staff***

Rehabilitative Services Substance Abuse Professional Staff qualifications are as follows:

- Clinical screening and assessments of a substance abuse client must be performed by a person with at least two years of substance abuse treatment experience who meets any one or more of the following qualifications:
  - Licensed as a physician, psychologist, certified social worker, or counselor
  - Possesses a master's degree in a clinical area
- Treatment planning and counseling of substance abuse clients must be performed by any one or more of the following qualified professionals:
  - A person with a master's degree in a clinical area with a clinical practicum
  - A person with a master's degree in a clinical area that did not require a clinical practicum and one year of supervised clinical experience in a substance abuse treatment/rehabilitation setting
  - A person with a bachelor's degree or an RN and two years of supervised substance abuse clinical experience
  - A person certified as a qualified substance abuse professional by an independent board established for the purpose of providing an experience-based, voluntary process for certification. Such certification must have mutual reciprocity with surrounding states and be nationally recognized.
- Services must be provided by practitioners consistent with their training, experience, and scope of practice as established by their respective disciplines and Alabama law
- Services rendered to persons with a primary alcoholism or drug abuse diagnosis must be delivered by a person meeting the criteria listed above, unless an exception is specifically noted and defined in the service descriptions

### **105.1.3      *Minimum Qualifications for DHR/DYS/DCA Child & Adolescent Services, DHR Adult Protective Services Professional Staff***

DHR/ DYS/DCA Child and Adolescent Services, DHR Adult Protective Services Professional Staff qualifications are as follows:

- A physician licensed under Alabama law to practice medicine or osteopathy
- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A social worker licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing

- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level professional experience supervised by a master's level or above clinician with two years of post graduate professional experience
- Services rendered to persons with a primary psychiatric diagnosis must be delivered by a person meeting the criteria listed above unless an exception is specifically noted and defined in the service descriptions
- A pharmacist licensed under Alabama law may provide medication monitoring

## **105.2 Benefits and Limitations**

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

Treatment eligibility is limited to individuals with a diagnosis within the range of 290-316, assigned by a licensed physician or psychologist, of mental illness or substance abuse as listed in the most current International Classification of Diseases - Clinical Modification (ICD-CM). Medicaid does not cover the V codes for adult treatment services; however, it does cover intake evaluation and diagnostic assessment even if the resulting diagnosis is a V code. For treatment services provided to children under 21, or those adults receiving DHR protective services, the only V code Medicaid covers for reimbursement is V629, unspecified psychosocial circumstance.

### **105.2.1 Covered Services**

While Medicaid recognizes that family involvement in the treatment of individuals in need of rehabilitative services is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the client's treatment needs. Medicaid does not cover services for non-Medicaid eligible family members independent of meeting the client's treatment needs.

Only the following rehabilitative services qualify for reimbursement under this program:

- Intake Evaluation
- Physician/Medical Assessment and Treatment
- Diagnostic Testing
- Crisis Intervention
- Individual Counseling
- Family Counseling
- Group Counseling
- Medication Administration

- Medication Monitoring
- Partial Hospitalization Program
- Adult Intensive Day Treatment
- Rehabilitative Day Program
- Mental Illness Child and Adolescent Day Treatment
- Treatment Plan Review
- Mental Health Consultation
- Adult Substance Abuse Intensive Outpatient Services
- Child and Adolescent Substance Abuse Intensive Outpatient Services
- In-home Intervention
- Pre-hospitalization Screening
- Basic Living Skills
- Family Support
- Assertive Community Treatment (ACT)
- Program for Assertive Community Treatment (PACT)
- Methadone Treatment

This section contains a complete description of each covered service along with benefit limitations.

Services must be provided in a manner that meets the supervisory requirements of the respective certifying authority or as authorized by state law.

**Intake Evaluation (90801-HE 90801-HF)****HE = Mental Illness HF = Substance Abuse*****Definition***

Initial clinical evaluation of the client's request for assistance. Substance abuse clients undergo standardized psychosocial assessment. The intake evaluation presents psychological and social functioning, client's reported physical and medical condition, the need for additional evaluation and/or treatment, and the client's fitness for rehabilitative services.

Key service functions include the following:

- A clinical interview with the client and/or family members, legal guardian, or significant other
- Screening for needed medical, psychiatric, or neurological assessment, as well as other specialized evaluations
- A brief mental status evaluation
- Review of the client's presenting problem, symptoms, functional deficits, and history
- Initial diagnostic formulation
- Development of an initial treatment plan for subsequent treatment and/or evaluation
- Referral to other medical, professional, or community services as indicated

***Eligible Staff - Mental Illness Services***

Clinical evaluation and assessments of a mental illness client may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work, who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience as described in DMH/MR standards

*Eligible Staff - Substance Abuse Services*

Clinical evaluation and assessments of a substance abuse client may be performed by a person with at least two years of substance abuse treatment experience who possesses any one or more of the following qualifications:

- Licensed as a psychologist, social worker, or professional counselor
- Has a master's degree in a clinical area that included a clinical practicum

*Eligible Staff - DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Clinical evaluation and assessments of a child and adolescent services/adult protective services client may be performed by a person who possesses any one or more of the following qualifications:

- A physician licensed under Alabama law to practice medicine or osteopathy
- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work, and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as part of the requirements for the degree
  - Has six months of post master's level professional experience supervised by a master's level or above clinician with two years of postgraduate professional experience
- An individual employed by a public provider department who meets the state merit system qualifications for Social Service Caseworker, or Youth Services Counselor II or above, or an employee of an agency or entity under contract to serve the target population of one of the same public provider agencies who meets an approved equivalency for Social Service Caseworker, Youth Services Counselor II, or above.

*Billing Unit:* Episode

*Maximum Units:* One per year

*Billing Restrictions:* May not be billed in combination with Treatment Plan Review (H0032), ACT (H0040), PACT (H0040-HQ)

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment and that protects the client's rights to privacy and confidentiality.



*Additional Information*

An intake evaluation must be performed for each client considered for initial entry into an outpatient treatment program. This requirement applies to any organized program or course of covered services that a client enters or attends to receive scheduled or planned rehabilitative services. Individuals who are transferred between programs within an agency do not require a new intake at the time of transfer.

The intake evaluation process determines the client's need for rehabilitative services based upon an assessment that must include relevant information from the following areas:

- Family history
- Educational history
- Relevant medical background
- Employment/Vocational history
- Psychological/psychiatric treatment history
- Military service history
- Legal history
- Alcohol/Drug use history
- Mental status examination
- A description/summary of the significant problems that the client experiences

The intake evaluation process also results in the development of a written treatment plan (service plan, individualized family service plan, plan of care, etc.) completed by the fifth client visit or within ten working days after admission into a day treatment or residential program. The treatment plan will do the following:

- Identify the clinical issues that will be the focus of treatment.
- Specify those services necessary to meet the client's needs.
- Include referrals as appropriate for needed services not provided directly by the agency.
- Identify expected processes/outcomes toward which the client and therapist will be working to impact upon the specific clinical issues.
- Be approved in writing by a licensed psychologist, certified social worker, professional counselor, a marriage and family therapist, a registered nurse with master's degree in psychiatric nursing, or a physician licensed under Alabama law.

Service types must be specified in the treatment plan in order to be paid by Medicaid, with the exception of intake evaluation, crisis intervention and resolution, mental health consultation, pre-hospitalization screening, and treatment plan review. Changes in the treatment plan must be approved by a person licensed under Alabama law to practice psychology, certified social work, professional counseling, marriage and family therapy, or medicine; or a registered nurse with master's degree in psychiatric nursing. For child and adolescent services or adults receiving DHR protective services, the person who approves the treatment plan must meet the criteria in Requirements for Client Intake, Treatment Planning, and Service Documentation section.

## **Physician Medical Assessment and Treatment (90862-HE 90862-HF)**

### *Definition*

Contact between a client, another service agency provider, or independent practitioner and a licensed physician occurring in an individual, group, or family setting for the purpose of medical/psychiatric development of a medication regimen, the provision of therapeutic services, or the provision of case consultation.

Key service functions include the following:

- Specialized medical/psychiatric assessment of physiological phenomena
- Psychiatric diagnostic evaluation
- Medical/psychiatric therapeutic services
- Assessment of the appropriateness of initiating or continuing the use of psychotropic or detoxification medication

*Eligible Staff - Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Physician medical assessment and treatment may be performed by a physician licensed under Alabama law to practice medicine or osteopathy or a certified registered nurse practitioner (CRNP) practicing within the scope approved by the Alabama Board of Nursing.

*Billing Unit:* 15 minutes

*Maximum Units:* 6 per day, 52 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Adult Substance Abuse Intensive Outpatient Services (H0015), Child and Adolescent Substance Abuse Intensive Outpatient Services (H0015-HA), ACT (H0040), PACT (H0040-HQ)

### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

### *Additional Information*

All services rendered by a physician or nurse practitioner that meet the definition above should be billed under this code including those rendered via teleconference with a direct service or consultation recipient.

**Diagnostic Testing done by psychologist (96101-HE 96101-HF)***Definition*

Administration of standardized objective and/or projective tests of an intellectual, personality, or related nature in a face-to-face interaction between the client and the psychologist or psychiatrist and interpretation of the test results.

*Eligible Staff - Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Procedure code 96101 -Diagnostic testing may only be performed by:

- A psychiatrist licensed under Alabama law

OR

- A psychologist licensed under Alabama law

*Billing Unit:* One hour

*Maximum Units:* 5 per year

*Billing Restrictions:* None

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional Information*

Automated interpretation of diagnostic testing is not billable. Diagnostic testing may be billed at any time during treatment so long as the annual cap is not exceeded.

## **Diagnostic Testing done by technician (96102-HE 96102-HF)**

### *Definition*

Administration of standardized objective and/or projective tests of an intellectual, personality, or related nature in a face-to-face interaction between the client and the technician and interpreted by a qualified health care professional.

*Eligible Staff* - Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services

Procedure code 96102 -Diagnostic testing may be performed by: a person who possesses any one or more of the following qualifications:

- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree

Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience.

*Billing Unit:* One hour

*Maximum Units:* 5 per year

*Billing Restrictions:* None

### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

### *Additional Information*

Automated interpretation of diagnostic testing is not billable. Diagnostic testing may be billed at any time during treatment so long as the annual cap is not exceeded.

**Diagnostic Testing administered by a computer (96103-HE 96103-HF)***Definition*

Administration of standardized objective and/or projective tests (eg, MMPI) of an intellectual, personality, or related nature by a computer and interpreted by a qualified health care professional.

Added: (eg, MMPI)

*Eligible Staff* - Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services

Diagnostic testing-procedure code 96103 must be administered by a computer and interpreted by a qualified health care professional.

*Billing Unit:* One

*Maximum Units:* 1 per year

*Billing Restrictions:* None

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional Information*

Automated interpretation of diagnostic testing is not billable. Diagnostic testing may be billed at any time during treatment so long as the annual cap is not exceeded.

## **Crisis Intervention (H2011)**

### *Definition*

Immediate emergency intervention by a rehabilitative services or child and adolescent services/adult protective services professional or a registered nurse with the client, family, legal guardian, and/or significant others to ameliorate a client's maladaptive emotional/behavioral reaction. Service is designed to resolve the crisis and develop symptomatic relief, increase knowledge of where to turn for help at a time of further difficulty, and facilitate return to pre-crisis routine functioning.

Key service functions include the following:

- Specifying factors that led to the client's crisis state, when known
- Identifying the maladaptive reactions exhibited by the client
- Evaluating the potential for rapid regression
- Resolving the crisis
- Referring the client for treatment at an alternative setting, when indicated

### *Eligible Staff - Mental Illness Services*

Crisis intervention and resolution may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience
- An individual who has completed an approved case management training course

### *Eligible Staff - DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Services may be provided by an individual employed by a public provider department who meets the state merit system qualifications for Social Service Caseworker, or Youth Services Counselor II, or above, or an employee of an agency or entity under contract to serve the target population of one of the same public provider agencies who meets an approved equivalency for Social Service Caseworker, Youth Services Counselor II, or above.

*Billing Unit:* 15 minutes

*Maximum Units:* 12 per day, 4380 per calendar year

*Billing Restrictions:* May not be billed in combination with In-Home Intervention (H2021,H2021-HA), ACT(H0040), PACT (H0040-HQ)

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional information*

If the client is unable to sign a receipt for service or if the service is rendered by phone, the documentation in the client's record should so indicate.

Medicaid covers this service for mental illness diagnoses only. The code V629 is covered only for children and adolescents, or adults receiving DHR protective services.

## **Individual Counseling - (90804-HE 90804-HF)**

### *Definition*

A treatment plan focused intervention between a client and a rehabilitative services or child and adolescent services/adult protective services professional. Treatment is designed to maximize strengths and to reduce behavioral problems and/or functional deficits stemming from the existence of a mental disorder or substance abuse problem that interferes with a client's personal, familial, vocational and/or community adjustment.

Key service functions include the following:

- Face-to-face interaction where interventions are tailored toward achieving specific goals and/or objectives of the client's treatment plan
- On-going assessment of the client's presenting condition and progress made in treatment

### *Eligible Staff - Mental Illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Individual counseling may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience

### *Eligible Staff - Substance Abuse Services*

- Clinical screening and assessment of a substance abuse client must be performed by a person with at least two years of substance abuse treatment experience who meets any one or more of the following qualifications:

Licensed as a physician, psychologist, certified social worker, or counselor;

Possesses a master's degree in a clinical area.

- Treatment planning and counseling of substance abuse clients must be performed by any one or more of the following qualified professionals:



A person with a master's degree in a clinical area with a clinical practicum;

A person with a master's degree in a clinical area that did not require a clinical practicum and one year of supervised clinical experience in a substance abuse treatment/rehabilitation setting;

A person with a bachelor's degree or an RN and two years of supervised substance abuse clinical experience;

A person certified as a qualified substance abuse professional by an independent board established for the purpose of providing an experience-based, voluntary process for certification. Such certification must have mutual reciprocity with surrounding states and be nationally recognized.

- Services must be provided by practitioners consistent with their training, experience, and scope of practice as established by their respective disciplines and Alabama law.
- Services rendered to clients with a primary alcoholism or drug abuse diagnosis must be delivered by a person meeting the criteria listed above, unless an exception is specifically noted and defined in the service descriptions.

*Billing Unit:* 30 minutes

*Maximum Unit:* 3 per day, 104 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Intensive Day Treatment (H2012), Child & Adolescent Day Treatment (H2012-HA), In-Home Intervention (H2021, H2021-HA), ACT (H0040), PACT (H0040-HQ).

#### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

#### *Additional information*

The code V629 is covered only for children and adolescents, or adults receiving DHR protective services.

**Family Counseling 90846-HE 90846-HF (without patient present)  
90847-HE 90847-HF (with patient present)  
90849-HE 90849-HF (multiple family group)**

*Definition*

A treatment plan focused intervention involving a client, his or her family unit, and/or significant others, and a rehabilitative services, substance abuse, or child and adolescent services/adult protective services professional. Treatment is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder or substance abuse problem that interferes with a client's personal, familial, vocational, and/or community adjustment.

Key service functions include the following:

- Face-to-face interaction where interventions are tailored toward achieving specific goals and/or objectives of the client's treatment plan
- On-going assessment of the client's presenting condition and progress being made in treatment

*Eligible Staff - Mental Illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Family counseling may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience

*Eligible Staff - Substance Abuse Services (Methadone clients only)*

Services may be provided by a person with at least one year of substance abuse treatment experience who meets any one or more of the following qualifications:

- A person licensed as a psychologist, certified social worker, or professional counselor
- A person with a master's degree in a clinical area
- A person with a bachelor's degree or an RN and two years of supervised substance abuse clinical experience

- A person certified as a qualified substance abuse professional by an independent board established for the purpose of providing an experience-based, voluntary accreditation process. Such certification must have mutual reciprocity with surrounding states and be nationally recognized.

*Billing Unit:* 30 minutes

*Maximum Units:* 3 per day, 104 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Intensive Day Treatment (H2012), Child and Adolescent Day Treatment (H2012-HA), In-Home Intervention (H2021, H2021-HA), ACT (H0040), PACT (H0040-HQ).

#### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

#### *Additional information*

The code V629 is covered only for children and adolescents, or adults receiving DHR protective services.

## **Group Counseling (90853-HE 90853-HF)**

### *Definition*

A treatment plan focused intervention involving a group of clients, and a rehabilitative services, substance abuse, or child and adolescent services/adult protective services professional. Treatment utilizes interactions of group members to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder or substance abuse problem that interferes with a client's personal, familial, vocational, and/or community adjustment.

Key service functions include the following:

- Face-to-face interaction where interventions are tailored toward achieving specific goals and/or objectives of the client's treatment plan
- On-going assessment of the client's presenting condition and progress being made in treatment

### *Eligible Staff - Mental Illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Group counseling may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience

### *Eligible Staff - Substance Abuse Services (Methadone clients only)*

Group counseling for substance abuse services clients may be performed by a person with at least one year of substance abuse treatment experience who meets any one or more of the following qualifications:

- A person licensed as a psychologist, certified social worker, or professional counselor
- A person with a master's degree in a clinical area
- A person with a bachelor's degree or an RN and two years of supervised substance abuse clinical experience

- A person certified as a qualified substance abuse professional by an independent board established for the purpose of providing an experience based, voluntary accreditation process. Such certification must have mutual reciprocity with surrounding states and be nationally recognized

*Billing Unit:* 30 minutes

*Maximum Units:* 3 per day, 104 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization (H0035), Intensive Day Treatment (H2012), Child & Adolescent Day Treatment (H2012-HA), ACT (H0040), PACT (H0040-HQ).

#### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

#### *Additional information*

The code V629 is covered only for children and adolescents, or adults receiving DHR Protective Services.

**Medication Administration 90772-HE 90772-HF (Injectable meds)  
H0033-HE H0033-HF (oral meds)**

**Definition**

Administration of oral or injectable medications as directed by a physician.

*Eligible Staff – Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Medication administration for child and adolescent services/adult protective services clients may be performed by a person who possesses any one or more of the following qualifications:

- A registered nurse
- A licensed practical nurse under the direction of a physician
- A physician licensed in Alabama

<i>Billing Unit</i>	Episode
<i>Maximum Units</i>	1 per day, 365 per year
<i>Billing Restrictions:</i>	May not be billed in combination with Partial Hospitalization (H0035), all forms of Day Treatment (H2012, H2012-HA) ACT (H0040), PACT (H0040-HQ).

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional Information*

This service does not include the intravenous administration of medications, nor does it include the preparation of medication trays in a residential setting. Medicaid covers this service under substance abuse for methadone clients only. 90782 or H0033 may be span-billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 365 units per year. Utilization will be monitored through retrospective reviews.

**Medication Monitoring (H0034)***Definition*

Face-to-face contact between the client and a rehabilitative services, or child and adolescent services/adult protective services professional, pharmacist, RN, or LPN for the purpose of reviewing the overt physiological effects of psychotropic medications; monitoring compliance with dosage instructions; instructing the client and/or caregivers of expected effects of psychotropic medications; assessing the client's need to see the physician; and recommending changes in the psychotropic medication regimen.

*Eligible Staff – Mental Illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Medication monitoring for mental illness and child and adolescent services/adult protective services clients may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse who has completed a master's degree in psychiatric nursing
- A pharmacist licensed under Alabama law
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience
- Registered nurse
- Licensed Practical Nurse

<i>Billing Unit</i>	15 minutes
<i>Maximum Units</i>	2 per day, 52 per year
<i>Billing Restrictions:</i>	May not be billed in combination with Partial Hospitalization (H0035), all forms of Day Treatment (H2012, H2012-HA), In-Home Intervention (H2021, H2021-HA), ACT (H0040), PACT (H0040-HQ).

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional Information*

Medicaid covers this service for mental illness diagnoses only. The code V629 is covered only for children and adolescents, or adults receiving DHR protective services.



**Partial Hospitalization Program (H0035)***Definition*

A physically separate and distinct organizational unit that provides intensive, structured, active, clinical treatment with the goal of acute symptom remission, immediate hospital avoidance, reduction of inpatient length of stay, or reduction of severe persistent symptoms and impairments that have not responded to treatment in a less intensive level of care.

Key service functions include the following services, which must be available with the program as indicated by individual client need:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Individual, group, and family counseling
- Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving; as opposed to basic living skills, such as money management, cooking, etc.)
- Activity therapy closely related to the presenting problems that necessitated admission (e.g., aerobics, maintaining a recovery diary, creative expression (art, poetry, drama) pertaining to the recovery process)
- Medication administration
- Medication monitoring
- Family education closely related to the presenting problems, such as diagnosis, symptoms, medication, coping skills, etc.
- Patient education closely related to the presenting problems, such as diagnosis, symptoms, medication, etc., rather than academic training

*Eligible Staff – Mental Illness Services*

The program must be staffed and have a program coordinator as required in the current *Community Mental Health Program Standards Manual* or subsequent revisions.

<i>Billing Unit:</i>	A minimum of 4 hours
<i>Maximum Units:</i>	1 per day, 130 days per year
<i>Billing Restrictions:</i>	May not be billed in combination with Individual (90804), Family (90846, 90847, 90849), or Group Counseling (90853), Physician Medical Assessment and Treatment (90862), Medication Administration (90782, H0033), Medication Monitoring (H0034), Intensive Day Treatment (H2012), and Rehabilitative Day Program (H2017). These restrictions apply while a client is attending/actively enrolled in Partial Hospitalization whether or not the restricted services occur on the same day as Partial Hospitalization.

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment and that protects the client's rights to privacy and confidentiality.

*Additional Information*

H0035 may be span-billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 130 units per year. Utilization will be monitored through retrospective reviews.

## **Adult Intensive Day Treatment (H2012)**

### *Definition*

An identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services, such as Rehabilitative Day Program and Outpatient, with the goals of community living skills acquisition/enhancement, increased level of functioning, and enhanced community integration. Intensive Day Treatment shall constitute active, intermediate level treatment that specifically address the client's impairments, deficits, and clinical needs.

The following services must be available within the program as indicated by individual client need:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program
- Individual, group, and family counseling
- Activity/recreational therapy (e.g., sports, leisure activities, hobbies, crafts, music, socialization, field trips)
- Social skills training (e.g., conversation and interpersonal skills)
- Coping skills training (e.g., stress management, symptom management, problem solving)
- Utilization of community resources
- Family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.)
- Basic living skills (e.g., Adult Basic Education, GED, shopping, cooking, housekeeping, grooming)
- Medication administration
- Medication monitoring
- Client education closely related to presenting problems, such as diagnosis, symptoms, medication, etc. rather than academic training

### *Eligible Staff – Mental Illness Services*

The program must be staffed and have a program coordinator as required in the current *Community Mental Health Program Standards Manual* or subsequent revisions.

*Billing Unit:* One hour

*Maximum Units:* 4 per day, 1040 per year

*Billing Restrictions:* May not be billed in combination with Individual (90804), Family (90846, 90847, 90849), or Group Counseling (90853), Medication Administration (90782, H0033), Medication Monitoring (H0034), Partial Hospitalization Program (H0035), and Rehabilitative Day Program (H2017). These restrictions apply while a client is attending/actively enrolled in Partial Hospitalization whether or not the restricted services occur on the same day as Partial Hospitalization.

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

**Rehabilitative Day Program (H2017)***Definition*

An identifiable and distinct program that provides long-term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining feelings of self-worth, optimizing illness management, and helping clients to become productive participants in family and community life. The Rehabilitative Day Program constitutes active structure, rehabilitative interventions that specifically address the individual's life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The Rehabilitative Day Program should provide (1) and (2) below and at least one more service from the following list of services based on the needs and preferences of clients participating in the program.

Key service functions include the following:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Structured work oriented activities (e.g., learning and practicing good work habits and/or developing skills to help consumer prepare for specific jobs appropriate to their level of ability)
- Educational skills (e.g., Adult Basic Education, GED, computer skills, support and assistance with returning to school)
- Employment assistance (services designed to help client attain and sustain volunteer work, part-time employment, or a full-time job)
- Sheltered employment opportunities (e.g., thrift store, garden center, or sheltered workshop)
- Goal-oriented groups (e.g., groups designed to help clients identify, discuss, achieve and/or maintain personal life goals, such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family, etc.)
- One-to-one goal-oriented sessions (e.g., one-to-one services designed to help a client identify, discuss, achieve and/or maintain personal life goals, such as living in preferred housing, having a job, returning to school, having friends, being a contributing member of the community, fulfilling a productive role in a family, etc.)
- Skill building (e.g., skills training sessions focused on learning, improving, and maintaining daily living skills, such as grocery shopping, use of public transportation, social skills, budgeting, laundry, and housekeeping, to help clients develop and maintain skills they need to achieve and/or sustain personal life goals)
- Utilization of community resources

*Eligible Staff – Mental Illness*

The program must be staffed and have a program coordinator as required in the current *Community Mental Health Program Standards Manual* or subsequent revisions.

*Billing Unit:* 15 minutes

*Maximum Units:* 16 per day, 4160 per year

*Billing Restrictions:* May not be billed in combination with Partial Hospitalization Program (H0035) or Intensive Day Treatment (H2012).

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

**Child and Adolescent Mental Illness Day Treatment (H2012-HA)***Definition*

A combination of goal-oriented rehabilitative services designed to improve the ability of a client to function as normally as possible in his or her regular home, school, and community setting when impaired by the effects of a mental or emotional disorder. Programs that provide an academic curriculum as defined by or registered with the State Department of Education and that students attend in lieu of a local education agency cannot bill Medicaid for the time devoted to academic instruction.

Key service functions include the following:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Individual, group and family counseling
- Education for the client's parents or guardians regarding emotional and cognitive development and needs
- Services that enhance personal care skills
- Services that enhance family, social, and community living skills
- Services that enhance the use of leisure and play time

*Eligible Staff – Mental Illness, DHR/DYS/DCA Child and Adolescent Services*

The program must be staffed and have a program coordinator as required in the current *Community Rehabilitative Services Center Contract Service Delivery Manual* and any subsequent revisions.

<i>Billing Unit:</i>	One hour
<i>Maximum Units:</i>	4 per day, 1040 per year
<i>Billing Restrictions:</i>	May not be billed in combination with Individual (90804), Family (90846, 90847, 90849), or Group Counseling (90853), Medication Administration (90782, H0033), Medication Monitoring (H0034). These restrictions apply while a client is actively enrolled in Day Treatment whether or not the restricted services occur on the same day as Day Treatment.

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

## **Treatment Plan Review (H0032)**

### *Definition*

Review and/or revision of a client's individualized treatment plan by a qualified staff member who is not the primary therapist for the client. This review will evaluate the client's progress toward treatment objectives, the appropriateness of services being provided, and the need for a client's continued participation in treatment. This service does not include those activities or costs associated with direct interaction between a client and his or her primary therapist regarding the client's treatment plan. That interaction must be billed through an alternative service, such as individual counseling.

### *Eligible Staff – Mental Illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Treatment plan review, for mental illness and child and adolescent services/adult protective services clients, may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A social worker licensed under Alabama law
- A registered nurse licensed under Alabama law who has completed a masters in psychiatric nursing
- A professional counselor licensed under Alabama law
- A physician licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- For services billed through DHR or DYS, an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling, or other areas, and who (a) has successfully completed a practicum as part of the requirement for the degree or (b) has six months of post-master's level or above clinical with two years of postgraduate professional experience

*Billing Unit:* 15 minutes

*Maximum Units:* 1 event with up to 2 units per quarter, 8 per year

*Billing Restrictions:* May not be billed in combination with Intake Evaluation (90801)

### *Location*

This service may be provided wherever the client's clinical record is stored. This service may be billed while a client is in an inpatient setting since it is not a face to face service.

### *Additional Information*

The client's treatment plan must be reviewed at least every three months. In cases where only an intake or diagnostic assessment is provided with no further treatment, treatment plan reviews are not covered. One treatment plan review will be covered following a three-month interval of no services delivered; any subsequent reviews with no intervening treatment are disallowed.



Providers must document this review in the client's clinical record by noting on the treatment plan that it has been reviewed and updated or continued without change. Medicaid covers this service for mental illness diagnoses only. The code V629 is covered only for children and adolescents, or adults receiving DHR protective services. The person who completes the treatment plan review for DHR children, adolescents, or adults must meet the criteria in Section 105.2.3.

## **Mental Health Consultation (H0046)**

### *Definition*

Assistance by a rehabilitative services or child and adolescent services/adult protective services professional or a registered nurse to other service agency providers or independent practitioners in providing clinical consultation.

Key service functions include written or verbal interaction in a clinical capacity in order to assist another provider to meet the specific treatment needs of an individual client and to assure continuity of care to another setting.

### *Eligible Staff – Mental Illness*

Mental health consultations for mental illness services clients may be performed by a person who possesses any one of the following qualifications:

- A physician licensed under Alabama law to practice medicine or osteopathy
- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A registered nurse
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience

### *Eligible Staff – DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Mental health consultations for child and adolescent services/adult protective services clients may be delivered by an individual employed by a public provider department who meets the state merit system qualifications for Social Service Caseworker, or Youth Services Counselor II or above, or an employee of an agency or entity under contract to serve the target population of one of the same public provider agencies who meets an approved equivalency for Social Service Caseworker, Youth Services Counselor II, or above.

*Billing Unit:* 15 minutes

*Maximum Units:* 24 per day, 312 per year

*Billing Restrictions:* ACT (H0040), PACT (H0040-HQ), In-Home Intervention (H2021, H2021-HA)

*Location*

There are no excluded settings. This service may be billed while a client is in an inpatient setting since it is not a face to face service.

*Additional Information*

Medicaid covers this service for mental illness diagnoses only. The code V629 is covered only for children and adolescents, or adults receiving DHR protective services.

Consults may be billed for the staff time spent obtaining prior authorizations and overrides for prescription medications. In addition to the eligible staff listed above LPNs may bill for their time directly related to performing this activity. LPNs **are not** eligible to bill for consults for any other type of activity. Acceptable documentation can be a progress note entered in the client's record or the approved authorization/override form filed in the record and dated and signed by the staff member performing the work.

## **Adult Substance Abuse Intensive Outpatient Services (H0015)**

### *Definition*

A combination of time limited, goal oriented rehabilitative services designed to assist clients in reaching and maintaining a drug and alcohol free lifestyle.

Key service functions include the following:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program plan
- Medical services including prescription of medication and medication management
- Group and family counseling
- Substance abuse education
- Pre-discharge planning
- Family therapy focusing on client and family education regarding substance abuse and community support
- Linkage to community resources

### *Eligible Staff – Substance Abuse Services*

This program must be staffed and have a program coordinator as required in the current *Community Substance Abuse Standards Manual*.

*Billing Unit:* 1 hour

*Maximum Units:* 6 per day, 1040 per year

*Billing Restrictions:* May not be billed in combination with Physician Medical Assessment and Treatment (90862)

### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

### *Additional Information*

Up to three family members included in family counseling may be counted for reimbursable units.

**Child and Adolescent Substance Abuse Intensive Outpatient Services (H0015-HA)***Definition*

A structured treatment designed to assist clients in reaching and maintaining a drug and alcohol free lifestyle. Programs that provide an academic curriculum as defined by and registered with the State Department of Education and that students attend in lieu of services provided by a local education agency cannot bill Medicaid for the time devoted to academic instruction.

Key services functions include the following:

- Initial screening to evaluate the appropriateness of the client's participation in the program
- Development of an individualized program
- Group and family counseling
- Education for the client's parents or guardians regarding substance abuse and associated problems
- Substance abuse education for client
- Medical services including the prescription of medication and medication management

*Eligible Staff – Substance Abuse Services*

The program must be staffed and have a program coordinator as required in the current *Community Substance Abuse Standards Manual*.

*Billing Unit:* 1 hour

*Maximum Units:* 6 per day, 1040 per year

*Billing Restrictions:* May not be billed in combination with Physician Medical Assessment and Treatment (90862).

*Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional Information*

Up to three family members included in family counseling may be counted for reimbursable units.

## **In-Home Intervention (H2021 H2021-HA)**

### *Definition*

Time limited home based services provided by a treatment team (two person team, minimally composed of one rehabilitative services professional and one person with a bachelor's degree) to defuse an immediate crisis situation, stabilize the living arrangement, and prevent out of home placement of the client.

Key service functions include the following:

- Individual or family counseling
- Crisis intervention
- Parent/guardian/significant other training
- Linkage to other community resources
- Mental Health Consultation
- Basic Living Skills
- Family Support
- Case Management

### *Eligible Staff – Mental Illness*

In-home intervention for mental illness clients may be provided by a two-person team minimally composed of the following:

- A rehabilitative services professional staff member
- A registered nurse or a person with a bachelor's degree

*Billing Unit:* 15 minutes (adults)

One day (children)

*Maximum Units:* 24 per day, 2016 per year (adults)

One per day, 168 per year (children)

### *Billing Restrictions:*

May not be billed in combination with Crisis Intervention (H2011), Individual (90804), Family Counseling (90846, 90847, 90849), Mental Health Consultation (H0046), Case Management, Family Support (H2027), or Basic Living Skills (H0036), while a family is enrolled in in-home intervention.

### *Location*

Please note that in-home intervention, while by definition and practice is usually provided in the client's home, infrequently may be provided in other locations such as the clinic, jails, schools, etc. Such exceptions will not render the service ineligible for billing.

*Additional Information*

Medicaid covers this service for mental illness diagnoses only. The code V629 is covered only for children and adolescents.

The team generally is together during the provision of services to children (H2021-HA). These services should be billed on a per diem basis while the family is enrolled and receiving in-home intervention services even though a service might not be provided every day.

The unit rate should be billed when the team is together during the provision of services to adults (H2021). Travel time to and from the service location must be excluded from the billing. Key service elements provided when the team members work independently of each other must be documented as to the specific service rendered and billed under that service procedure code [e.g., Individual Counseling (90804), Mental Health Consultation (H0046), etc.].

H2021-HA may be span-billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 168 units per year. Utilization will be monitored through retrospective reviews.

## **Pre-hospitalization Screening (H0002-HE H0002-HF)**

### *Definition*

Face-to-face contact between a rehabilitative services or child and adolescent services/adult protective services professional or a registered nurse and a client to determine the appropriateness of admission/commitment to a state psychiatric hospital or a local inpatient psychiatric unit.

Key service functions include the following:

- A clinical assessment of the client's need for local or state psychiatric hospitalization
- An assessment of whether the client meets involuntary commitment criteria, if applicable
- Preparation of reports for the judicial system and/or testimony presented during the course of commitment hearing
- An assessment of whether other less restrictive treatment alternatives are appropriate and available
- Referral to other appropriate and available treatment alternatives

*Eligible Staff – Mental Illness, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Pre-hospitalization screening may be performed by a person who possesses any one or more of the following qualifications:

- A psychologist licensed under Alabama law
- A professional counselor licensed under Alabama law
- A certified social worker licensed under Alabama law
- A registered nurse
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of postgraduate clinical experience.

*Billing Unit:* 30 minutes

*Maximum Units:* 4 per day, 16 per year

*Billing Restrictions:* None



*Location*

Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

*Additional Information*

Providers may bill for time spent in court testimony while a client is in an inpatient unit.

## **Basic Living Skills (H0036 – Individual; H0036-HQ – Group)**

### *Definition*

Psychosocial services provided on an individual or group basis to enable a client to maintain community tenure and to improve his or her capacity for independent living.

Key services functions include the following:

- Training and assistance in developing or maintaining skills such as personal hygiene, housekeeping, meal preparation, shopping, laundry, money management, using public transportation, medication management, healthy lifestyle, and stress management
- Patient education about the nature of the illness, symptoms, and the client's role in management of the illness

*Eligible Staff – Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Basic living skills may be provided by an individual supervised by a staff member who meets at least one of the following qualifications:

- Meets the qualifications for MI, SA, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services Professional
- Is employed by a public provider department and meets the state merit system qualifications for Social Service Caseworker, Youth Services Counselor II or above, or is an employee of an agency or entity under contract to serve the target population of one of the same public provider agencies and meets an approved equivalency for Social Service Caseworker, Youth Services Counselor II, or above
- Is a registered nurse

*Billing Unit:* 15 minutes

*Maximum Units:* 1664 units per year  
20 per day (individual)  
8 per day (group)

*Billing Restrictions:* May not be billed in combination with In-Home Intervention (H2021,H2021-HA), ACT (H0040), PACT (H0040-HQ)

### *Location*

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

**Family Support (H2027 – Individual; H2027-HQ – Group)***Definition*

Service provided to families of rehabilitative services clients to assist them in understanding the nature of the illness of their family member and how to help the client be maintained in the community.

Key service functions include, as appropriate, but are not limited to education about the following:

- The nature of the illness
- Expected symptoms
- Medication management
- Ways in which the family member can cope with the illness

*Eligible Staff – Mental Illness, Substance Abuse, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services*

Family support services may be provided by an individual supervised by a staff member who meets at least one of the following qualifications:

- Meets the qualifications for MI, SA, DHR/DYS/DCA Child and Adolescent Services, DHR Adult Protective Services Professional
- Is employed by a public provider department and meets the state merit system qualifications for Social Service Caseworker, Youth Services Counselor II or above, or is an employee of an agency or entity under contract to serve the target population of one of the same public provider agencies and meets an approved equivalency for Social Service Caseworker, Youth Services Counselor II, or above
- Is a registered nurse

*Billing Unit:* 15 minutes

*Maximum Units:* 416 units per year

8 per day for services provided to an individual client's family

8 per day for services provided to a group of clients' families

*Billing Restrictions:* May not be billed in combination with In-Home Intervention (H2021, H2021-HA) Family Therapy (90862, 90847, 90849), ACT (H0040), PACT (H0040-HQ)

*Location*

Services can be delivered in any setting that is convenient for both the family and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

## **Assertive Community Treatment (ACT) (H0040)**

### **Program for Assertive Community Treatment (PACT) (H0040-HQ)**

#### *Definition*

Treatment services provided primarily in a non-treatment setting by a member of an ACT or PACT team, staffed in accordance with DMH/MR certification standards to adults with serious mental illness who are in a high-risk period due to an exacerbation of the illness and/or returning from an episode of inpatient/residential psychiatric care, or who are consistently resistant to traditional clinic-based treatment interventions and are difficult to engage in an ongoing treatment program.

Key service functions include, but are not limited to, the following:

- Intake
- Physician assessment and treatment
- Medication administration
- Medication monitoring
- Individual, group, and/or family counseling
- Crisis intervention
- Mental health consultation
- Case management
- Family support
- Basic living skills

The only services that may be billed in addition to ACT or PACT are Partial Hospitalization (H0035), Intensive Day Treatment (H2012), and Rehabilitative Day Program (H2017). Billing in combination with Rehabilitative Day Program should occur only on a transitional basis as a client moves from a team intervention to a less acute array of individually delivered services.

#### *Eligible Staff – Mental Illness*

There must be an assigned (ACT or PACT) team that is identifiable by job title, job description, and job function. The team must be staffed in accordance with DMH/MR certification standards. Each member of the team must be known to the client and must individually provide services to each client in the team's caseload. The team will conduct a staffing of all assigned cases at least twice weekly. The caseload cannot exceed a 1:12 staff to client ratio on an ACT team where the part-time psychiatrist is not counted as one staff member or a 1:10 staff to client ratio on a PACT team.

<i>Billing Unit:</i>	One day
<i>Maximum Units:</i>	365 days per year
<i>Billing Restrictions:</i>	May not be billed in combination with Intake (90801), Physician Medical Assessment and Treatment (90862), Medication Administration (90782-HE), Medication Monitoring (H0034), Basic Living Skills (H0036), Family Support (H2027), Individual (90804-HE), Family (90846-HE, 90847-HE, 90849-HE), Group Counseling (90853-HE), Crisis Intervention (H2011), or Mental Health Consultation (H0046).

#### *Location*

The only excluded settings are nursing homes. ACT and PACT services may be billed on a daily basis even though the client might not be seen or contacted by the team each day. ACT and PACT services may be billed while a client is hospitalized briefly for stabilization or medical treatment. Services can be delivered in any setting that is convenient for both the family and staff member, that affords an adequate service environment, and that protects the client's rights to privacy and confidentiality.

#### *Additional Information*

Documentation of the required staffings and all client contacts by ACT and PACT team members shall be included in the client's medical record. All service documentation shall follow the guidelines in Section 105.2.3. Client signatures are not required for ACT and PACT key service functions; however, services which are provided outside the ACT and PACT benefit will require client signatures. H0040 and H0040-HQ may be span-billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 365 units per calendar year. Utilization will be monitored through retrospective reviews.

## **Methadone Treatment (H0020)**

### *Definition*

Methadone treatment is a periodic service designed to offer the individual an opportunity to effect constructive changes in his/her lifestyle by using Methadone in conjunction with the provision of rehabilitation and medical services. Methadone treatment is also a tool in the detoxification and rehabilitation process of narcotic-dependent individuals. For the purpose of detoxification, Methadone is used as a substitute narcotic drug. It is administered in decreasing doses for a period not to exceed 21 days. For individuals with history of psychoactive substance dependence or severe narcotic dependency prior to admission to the service, Methadone may also be used in maintenance treatment. In these cases, it may be administered or dispensed in excess of 21 days at relative stable dosage levels with the treatment goal of an eventual drug-free state.

### *Eligible Staff –Substance Abuse*

The program must be staffed and have a Program Coordinator as required in the current *Community Substance Abuse Standards Manual* or subsequent revisions.

*Billing Unit:* One day  
*Maximum Units:* 365 per year  
*Billing Restrictions:* None

### *Location*

Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state, and local codes.

### *Additional Information*

No more than 35 clients who do not meet the requirements for Phase III under the *Community Substance Abuse Standards Manual* will be assigned to a counselor, provided that the counselor may increase the ratio to 1:50 by adding 15 clients to the caseload who have been in opiate replacement treatment and qualify for Phase III requirements under the *Community Substance Abuse Standards Manual*. Clients who receive take-home doses under the hardship waivers, but do not otherwise satisfy Phase III requirements shall not be deemed Phase III clients.

H0020 may be span-billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 365 units per year. Utilization will be monitored through retrospective reviews.

### **105.2.2      *Reimbursement***

The Medicaid reimbursement for each service provided by a rehabilitative services provider is based on the following criteria and does not exceed the lowest of the following amounts:

- The customary charges of the provider but not more than the prevailing charges in the locality for comparable services under comparable circumstances
- The amount billed
- The fee schedule established by Medicaid as the maximum allowable amount
- Reimbursement for services provided by state agencies is based on actual costs as follows:
  - Agencies must submit an annual cost report not later than 60 days following the close of the fiscal year. This report must indicate not only the costs associated with providing the services, but also statistical data indicating the units of service provided during the fiscal year.
  - Medicaid will review cost reports for reasonableness and an average cost per unit of service will be computed.
  - Medicaid will use the average cost, trended for any expected inflation, as the reimbursement rate for the succeeding year.
  - If the cost report indicates any underpayment or overpayment for services during the reporting year, Medicaid will make a lump sum adjustment.
  - New rates are effective January 1 of each year.

Actual reimbursement is based on the rate in effect on the date of service. Only those services that qualify for reimbursement are covered under this program.

### **105.2.3      *Requirements for Client Intake, Treatment Planning, and Service Documentation***

An intake evaluation must be performed for each client considered for initial entry into organized programs or course of covered services. Individuals who are transferred between programs within an agency do not require a new intake at the time of transfer.

To determine a client's need for rehabilitative services, providers must perform an intake evaluation based on assessment of the following information:

- Family history
- Educational history
- Relevant medical background
- Employment/vocational history
- Psychological/psychiatric treatment history
- Military service history
- Legal history
- Alcohol/drug use history
- Mental status examination

- A description of the significant problems that the client is experiencing
- Providers use the standardized substance abuse psychosocial assessment as the intake instrument for substance abuse clients.

A written treatment plan (service plan, individualized family service plan, plan of care, etc.) must be completed by the fifth client visit with the primary therapist or within ten working days after admission into a day treatment program, substance abuse intensive outpatient program, or residential program. The treatment plan must do the following:

- Identify the clinical issues that will be the focus of treatment
- Specify those services necessary to meet the client's needs
- Include referrals as appropriate for needed services not provided directly by the agency
- Identify expected outcomes toward which the client and therapist will be working to impact upon the specific clinical issues

The treatment plan must be approved in writing by any one of the following:

- A psychologist licensed under Alabama law
- A social worker licensed under Alabama law
- A registered nurse licensed under Alabama law who has completed a master's in psychiatric nursing
- A professional counselor licensed under Alabama law
- A physician licensed under Alabama law
- A marriage and family therapist licensed under Alabama law
- A supervisor employed by DHR as a Service Supervisor or a Senior Social Work Supervisor
- For services billed through DHR, DYS, or DCA, an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling, or other areas that require equivalent course work and who meets at least one of the following qualifications: (a) has successfully completed a practicum as part of the requirement for the degree or (b) has six months of post-master's level professional experience supervised by a master's level or above clinical with two years of postgraduate professional experience

Service types must be specified in the treatment plan in order to be paid by Medicaid, with the exception of intake evaluation, crisis intervention and resolution, mental health consultation, pre-hospitalization screening, and treatment plan review. Changes in the treatment plan must be approved as described above.

The preferred course of treatment for persons with co-occurring disorders (MI/SA) is integrated services where both mental illness and substance abuse clinical issues are addressed in the same treatment setting, whether that setting primarily provides mental illness or substance abuse treatment. In cases where integrated services are not possible, a dually diagnosed client may receive mental illness and substance abuse services simultaneously from one or more certified providers. In cases where mental illness and substance abuse services are provided independently, the daily caps specific to each service are cumulative for the day and are not interactive.



In all cases, the diagnosis and treatment plan should reflect both disorders and the interventions needed for both.

After completion of the initial treatment plan, staff must review the client's treatment plan once every three months to determine the client's progress toward treatment objectives, the appropriateness of the services furnished, and the need for continued treatment. Providers must document this review in the client's clinical record by noting on the treatment plan that it has been reviewed and updated or continued without change. Staff, as specified above, must perform this review.

Treatment plan reviews are not covered in cases where only an intake or diagnostic assessment is provided with no further treatment. One treatment plan review is covered following a three-month interval of no services delivered. Any subsequent reviews with no intervening treatment are disallowed.

Documentation in the client's record for each session, service, or activity for which Medicaid reimbursement is requested must comply with any applicable certification or licensure standards and must include the following, at a minimum:

- The identification of the specific services rendered
- The date and the amount of time that the services were rendered
- The signature of the staff person who rendered the services
- The identification of the setting in which the services were rendered
- A written assessment of the client's progress, or lack thereof, related to each of the identified clinical issues discussed

The author of each entry must be identified and must authenticate his or her entry. Authentication may include signatures, written initials, or computer entry.

Documentation of Medicaid recipients' signatures may be entered on a sign-in log, service receipt, or any other record that can be used to indicate the client's signature and the date of service. Treatment plan review, mental health consultation, pre-hospitalization screening, crisis intervention, family support, ACT, PACT, and any non-face-to-face services that can be provided by telephone do not require client signatures.

ACT and PACT services are billed as a bundled service on a daily rate even though the client might not be seen or contacted by the team each day. Documentation of the required staffings and any service provided to or on behalf of a client must be included in the client's medical record.

When clinical records are audited, Medicaid will apply the list of required documentation to justify payment. Documentation failing to meet the minimum standards noted above will result in recoupment of payments.

### **105.3 Prior Authorization and Referral Requirements**

Rehabilitative services procedure codes generally do not require prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines. Rehabilitative services do not require a Patient 1<sup>st</sup> referral.

### **105.4 Cost Sharing (Copayment)**

Copayment does not apply to rehabilitative services.

Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

## 105.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Rehabilitative services providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

### **NOTE:**

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

### **105.5.1 Time Limit for Filing Claims**

Medicaid requires all claims for rehabilitative services to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions for more information regarding timely filing limits and exceptions.

### **105.5.2 Diagnosis Codes**

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals are updated annually, and providers should use the current version. The ICD-9-CM manual may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

### **NOTE:**

ICD-9 diagnosis codes, within the range of 290-316, must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field. The code V629 is covered only for children and adolescents or adults receiving DHR protective services. Claims filed for pregnant women (SOBRA) must include V222 (pregnant state, incidental) as well as the appropriate MI/SA diagnosis code.

### **105.5.3 Procedure Codes and Modifiers**

The (837) Professional and Institutional electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers. Use the modifiers to distinguish mental illness/substance abuse, adult/child and adolescent, individual/group services.

**NOTE:**

Use the "Z" codes for **dates of service through 12/31/03**. Use HCPCS codes, with modifiers if applicable, for **dates of service beginning 01/01/04**. Use modifiers to distinguish mental illness/substance abuse services, individual/group services, adult/child & adolescent services.

Benefits of the Rehabilitative Services Program are limited to the procedures listed below:

<b>Code</b>	<b>Description</b>
Z5227 90801-HE 90801-HF <b>HE=MI</b> <b>HF=SA</b>	Intake Evaluation (limit one per calendar year)
Z5228 90862-HE 90862-HF	Physician/Medical Assessment and Treatment (limited to 6 units per day, 52 units per year) (15 minutes = 1 unit)
Z5229 96101-HE 96101-HF 96102-HE 96102-HF 96103-HE 96103-HF	Diagnostic Testing (limited to 5 units per year) (1 hour= 1 unit)  (96101) administered by psychologist (96102) administered by technician (96103) administered by computer
Z5230 H2011	Crisis Intervention and Resolution (limited to 12 units per day, 4380 units per year) (15 minutes = 1 unit)
Z5231 90804-HE	Individual Counseling/Mental Illness (limited to 3 units per day, 104 units per year) (30 minutes = 1 unit)
Z5232 90846HE 90846-HF 90847-HE 90847-HF 90849-HE 90849-HF	Family Counseling (limited to 3 units per day, 104 units per year) (30 minutes = 1 unit) (90846) without patient present (90847) with patient present (90849) multiple family group
Z5233 90853-HE 90853-HF	Group Counseling (limited to 3 units per day, 104 units per year) (30 minutes = 1 unit)
Z5234 90772-HE 90772-HF H0033-HE H0033-HF	Medication Administration (limited to 1 unit per day, 365 episodes per year) (Episode = 1 unit) Injectable meds (90772)  Oral meds (H0033)
Z5235 H0034	Medication Monitoring (limited to 2 units per day, 52 units per year) (15 minutes = 1 unit)

<b>Code</b>	<b>Description</b>
Z5236 H0036	Basic Living Skills, Individual (limited to 20 units per day) (15 minutes=1 unit) (1664 units per year)
Z5237 H0036-HQ <b>HQ=Group</b>	Basic Living Skills, Group (limited to 8 units per day) (15 minutes=1 unit) (1664 units per year)
Z5238 H2027	Family Support, Individual (limited to 8 units per day) (15 minutes=1 unit) (416 units per year).
Z5239 H2027-HQ	Family Support, Group (limited to 8 units per day) (15 minutes=1 unit) (416 units per year)
Z5240 H0035	Partial Hospitalization Program (limited to 1 unit per day, 130 units per year) (4 hours = 1 unit)
Z5241 H2012	Intensive Day Treatment (limited to 4 units per day, 1040 units per year) (1 hour = 1 unit)
Z5242 H0032	Treatment Plan Review (limited to 2 units per quarter, 8 units per year) (15 minutes = 1 unit)
Z5243 H0046	Mental Health Consultation (limited to 312 units per year, 24 units per day) (15 minutes = 1 unit)
Z5244 H2021 H2021-HA	In-Home Intervention (limited to 24 units per day, 2016 units per year) (15 minutes = 1 unit) (adults) (limited to 168 units per year) (one day = 1 unit) (children)
Z5380 Deleted 1/1/03	Medicare exempt partial hospitalization claims physician
Z5401 Deleted 1/1/03	Medicare deductible and coinsurance
Z5431 H2017	Rehabilitative Day Program (limited to 16 units per day, 4160 units per year) (15 minutes= 1 unit)
Z5433 H2012-HA <b>HA=Child &amp; Adolescent</b>	Child & Adolescent Day Treatment (limited to 4 units per day, 1040 units per year) (1 hour= 1 unit)
Z5435 H2012-HA	Child & Adolescent Day Treatment (limited to 4 units per day, 1040 units per year) (1 hour = 1 unit)
Z5436 H0015	Adult Substance Abuse Intensive Outpatient Services (limited to 6 units per day, 1040 units per year) (1 hour = 1 unit)
Z5437 H0015-HA	Child & Adolescent Substance Abuse Intensive Outpatient Services (limited to 6 units per day, 1040 units per year) (1 hour = 1 unit)
Z5438 H0002-HE H0002-HF	Pre-hospitalization Screening (limited to 4 units per day, 16 units per year) (30 minutes = 1 unit)
Z5450 H0040 H0040-HQ	(ACT) - (limited to 1 unit per day, 365 units per year) (1 day = 1 unit) PACT (limited to 1 unit per day, 365 units per year) (1 day = 1 unit)

<b>Code</b>	<b>Description</b>
Z5451 H0020	Methadone Treatment (limited to 1 unit per day, 365 units per year) (1 day = 1 unit)
Z5452 90804-HF	Individual Counseling/Substance Abuse (limited to 3 units per day, 104 units per year) (30 minutes = 1 unit)

#### **105.5.4 Place of Service Codes**

The following place of service codes apply when filing claims for rehabilitative services:

<b>POS Code</b>	<b>Description</b>
11	Office
12	Home
31	Skilled Nursing Facility or Nursing Home
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
52	Psychiatric Facility Partial Hospitalization
53	Community Rehabilitative Services Center
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center

#### **105.5.5 Required Attachments**

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to Claims with Third Party Denials.

Refer to Section 5.7, Required Attachments, for more information on attachments.

#### **105.5.6 Billing Instructions for Medical-related Services**

##### **Instructions for Claims with Dates of Service August 1, 2000 and Thereafter**

1. Bill Medicare on a UB-92.
2. Services covered by Medicare should be automatically crossed over to Medicaid as a UB-92 outpatient crossover. If for some reason the claim never crosses over or the claim is denied after crossing over, send an Institutional Medicaid/Medicare-related claim form to Medicaid using the same information as it was sent to Medicare. Indicate coinsurance, deductible, and allowed amounts as applied by Medicare. Use the institutional provider number assigned to the clinic (MHCxxxxM) for these claims.
3. If Medicare does not pay on any part of the services, bill the amount due for the services on a CMS-1500 claim form using the rehab provider number (33XXXXXXX) and procedure codes listed in the provider manual. Please refer to the latest edition of the Provider Electronic Solutions User Manual for more information on submitting an override electronically. For paper claims, enter "key TPL input code M" in block 19 of the CMS-1500 form.

## 105.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Sterilization/Hysterectomy/Abortion Requirements	Section 5.7
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
ASC Procedures List	Appendix I
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N